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APPLICANTS

Daniel G. Cerundolo, Hingham, MA;

** CONTINUING DATA *****

This application is a DIV of 09/571,363 05/15/2000 PAT 6,488,033
grub

** FOREIGN APPLICATIONS *****

None grub

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/19/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Debra E. Carter AEB</i> Examiner's Signature <i>Initials</i>	MA	11	5	1

ADDRESS

23117
NIXON & VANDERHYE, PC
1100 N GLEBE ROAD
8TH FLOOR
ARLINGTON , VA
22201-4714

TITLE

Osteochondral transplant techniques

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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